

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet with signature
- ☐ Statement of Purpose/Mission Statement and History (not to exceed 1 page)
- ☐ Strategic Plan Summary (not to exceed 2 pages)
- ☐ Institutional Financial Statements
- ☐ Narrative (not to exceed 7 pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Proof of Non-profit status, if applicable
- ☐ List of key project staff and consultants
- ☐ Resume(s) for key project personnel (not to exceed 2 pages per person)
- ☐ Attachments
- ☐ Grants Processing Information Sheet
- ☐ Signed Assurances Form

Face Sheet

OMB No. 3137-0048

08/31/2005

CFDA No. 45.301

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. 8. Business Phone of Project Director _____

9. Project Director Mailing Address _____

10. City _____

11. State _____

12. Zip Code _____

13. Fax Number of Project Director _____

14. E-mail Address of Project Director _____

15. Name and Title of Authorizing Official _____

16. Business Phone of Authorizing Official _____

17. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____18. Is the applicant organization university controlled? ☐ yes ☐ no20. Governing control of applicant ☐ State ☐ Municipal ☐ County ☐ Private Non-Profit
☐ Tribal Government ☐ Other, please specify _____21. Type of organization (*check one*)☐ Aquarium☐ Nature Center☐ Arboretum☐ Natural History museum☐ Art museum☐ Planetarium☐ Children's/youth museum☐ Science/technology museum☐ General museum*☐ Zoo☐ Historic house/site☐ Specialized**☐ History museum☐ Other _____

* A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

22. Museum's attendance for the 12-month period prior to the application.

Onsite _____ Offsite _____ Electronic _____

23. Total number of hours the museum was open to the public for the 12-month period prior to application. _____

For IMLS Staff Use only:

First Check: ☐ Complete ☐ Incomplete _____ initials/dateSecond Check: ☐ Complete ☐ Incomplete _____ initials/date

24. Museum's non-federal operating income for the most recently completed fiscal year.

Year _____ \$ _____ .00

25. Museum's non-federal operating income for the second most recently completed fiscal year.

Year _____ \$ _____ .00

26. Amount Requested \$ _____

27. Amount of Matching Funds \$ _____

28. TOTAL LOG FUNDS REQUESTED (sum of lines 26 & 27) \$ _____

29. Grant Period (Starting Date) ____/____/____ — ____/____/____ (Ending Date)

30. Please check project type category (**check only one category**)

☐ Building Public Access
Using technology ☐ yes ☐ no

☐ Expanding Educational Services
Using technology ☐ yes ☐ no

☐ Reaching Families and Children
Using technology ☐ yes ☐ no

31. In the space below, summarize the project activities.

32. Certification: _____

Signature of Authorizing Official

Date

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3 – Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.3–3.4 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ☐ 1 ☐ 2 ☐ 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
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INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 3.4.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 20% of modified total direct costs.
☐ B. Federally Negotiated Indirect Cost Rate (see page 3.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.3–3.4 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____ \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____ \$ _____

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50%)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Request/Award amount _____

Grant Processing Information Sheet

ELIGIBILITY REQUIREMENTS

ALL IMLS LEARNING OPPORTUNITIES GRANT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

Check the appropriate answer.

1. Is the museum organized as a public or private nonprofit institution that exists on a permanent basis for essentially educational or aesthetic purposes?

☐ Yes

☐ No

2. Does the museum care for, and own or use tangible objects, whether animate or inanimate?

☐ Yes

☐ No

3. Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?

☐ Yes

☐ No

4. Is the museum open and exhibiting to the public at least 120 days a year?

☐ Yes

☐ No

5. Does the museum have at least one full-time paid or unpaid staff member or the equivalent, whose primary duty is the care, acquisition, or exhibition to the public of objects owned or used by the museum?

☐ Yes

☐ No

PRIOR IMLS (FORMERLY IMS) AWARDS

HAS THE MUSEUM RECEIVED A:

GOS* grant?

☐ Yes

☐ No

CPS grant?

☐ Yes

☐ No

NLG grant?

☐ Yes

☐ No

SP* grant?

☐ Yes

☐ No

MAP grant?

☐ Yes

☐ No

CAP grant?

☐ Yes

☐ No

MLI* grant?

☐ Yes

☐ No

TAG* grant?

☐ Yes

☐ No

* General Operating Support Grants, Special Project Support Grants, and Technical Assistance Grants are no longer available from IMLS. Museum Leadership Grants have been replaced by "Museums in the Community" and are a component of the National Leadership Grants for Museums.